



MISSOURI DEPARTMENT OF REVENUE
PROPERTY TAX CREDIT

2001
FORM
MO-PTS

Attachment Sequence No. 1040-07 and 1040P-01

NAME	THIS FORM MUST BE ATTACHED TO FORM MO-1040 <u>OR</u> FORM MO-1040P.				
	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE	SOCIAL SECURITY NO.
	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE	SPOUSE'S SOCIAL SECURITY NO.

QUALIFICATIONS	<p>You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, cards, etc., must be included with claim.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.) </div> <div style="width: 48%;"> <input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration, Form SSA-1099, OR a copy of your Medicare card.) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> B. 100% Disabled Veteran (Attach a copy of the letter from Department of Veteran's Affairs.) </div> <div style="width: 48%;"> <input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits. (Attach a copy of Form SSA-1099.) </div> </div>	
	<p>FILING STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year</p> <p style="text-align: center; font-weight: bold;">If married filing combined, you must report both incomes.</p>	

	1	
1. Enter the amount of income from Form MO-1040, Line 6, OR Form MO-1040P, Line 4.	1	00
2. Enter the amount of nontaxable social security before any deductions.	2	00
3. Enter the amount of any exempt interest or pension income (not included on your federal return and/or subtracted on Form MO-1040) before any deductions.	3	00
4. Enter the amount of railroad retirement benefits before any deductions.	4	00
5. Enter the amount of veteran's payments or benefits before any deductions.	5	00
6. Enter the total amount of public relief, public assistance, SSI, child support, or AFDC payments received by you and/or your minor children.	6	00
7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income here.	7	00
8. TOTAL HOUSEHOLD INCOME. Add Lines 1 through 7. Enter total here.	8	00
9. Enter \$2,000 if your filing status is married filing combined. Otherwise, enter "0".	9	- 00
10. Net household income. Subtract Line 9 from Line 8. If the total is over \$25,000, no credit or refund is allowed.	10	00
11. If you owned your home, enter the total amount of real estate tax that you paid for your home less special assessments. (Complete the real estate tax worksheet if you own more than 5 acres, a mobile home, home business, or share your home.) Attach a copy of PAID real estate tax receipt.	11	00
12. If you rented your home, enter the amount from Form MO-CRP, Line 9. (If total yearly rent is more than Line 8, attach rent payment explanation.) 00 x 20% =	12	00
13. Total tax and/or rent—Add Lines 11 and 12 and enter the total or \$750, whichever is less	13	00
14. PROPERTY TAX CREDIT. Apply Lines 10 and 13 to the property tax credit or refund table. Enter this amount on Form MO-1040, Line 38 OR Form MO-1040P, Line 21.	14	00

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2001

2001
FORM
MO-CRP

Attachment Sequence No. 1040-08 and 1040P-01

• Read instructions. • Print or type.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME		ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		3. LANDLORD'S NAME, SOCIAL SECURITY NO.	
CITY, STATE, AND ZIP CODE				ADDRESS, CITY, STATE, AND ZIP CODE	
4. HOW MANY PEOPLE, OTHER THAN YOU AND YOUR SPOUSE (IF APPLICABLE), RESIDE AT THIS ADDRESS AND ARE AGE 18 OR OLDER? (SEE 8F BELOW.)				5. LANDLORD'S PHONE NUMBER ()	
6. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	YEAR	TO: MONTH	DAY YEAR
			2001		2001
7. Enter your gross rent paid. Attach copies of your rent receipt(s) or copies of cancelled checks (front and back) for rent paid.					7 00
8. You may need to reduce your rent paid. Check the appropriate box and enter the percentage that is indicated on Line 8. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, MOBILE HOME LOT, OR DUPLEX — 100% <input type="checkbox"/> B. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> C. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> D. HOTEL If meals are included, enter — 50% ; Otherwise, enter — 100% <input type="checkbox"/> E. LOW INCOME HOUSING — 100% (Rent cannot exceed 30% of total household income.) <input type="checkbox"/> F. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), enter the appropriate percentage of your home you occupied.					8 %
9. Net rent paid. Multiply Line 7 by the percent on Line 8. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.					9 00

MO 860-1089 (11-2001)



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2001

2001
FORM
MO-CRP

Attachment Sequence No. 1040-08 and 1040P-01

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